



OFFICE OF THE SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

**APPLICATION FOR CANCELLATION OF A REGISTERED MARK**

**Filing Fee: \$25.00**

1. Name of Record Owner: _____		
2. State of Formation of the Owner <i>if other than a natural person</i> : _____		
3. Connecticut Registration Number: _____		
The above owner hereby applies for cancellation of the registration bearing the number stated in item number 3 above		
EXECUTION:  I hereby declare under the penalties of false statement that the statements made in the foregoing application is true.		
4. _____ Date	5. _____ Name of Signatory	6. _____ Title of Signatory <i>if applicable</i>
7. _____ Signature		